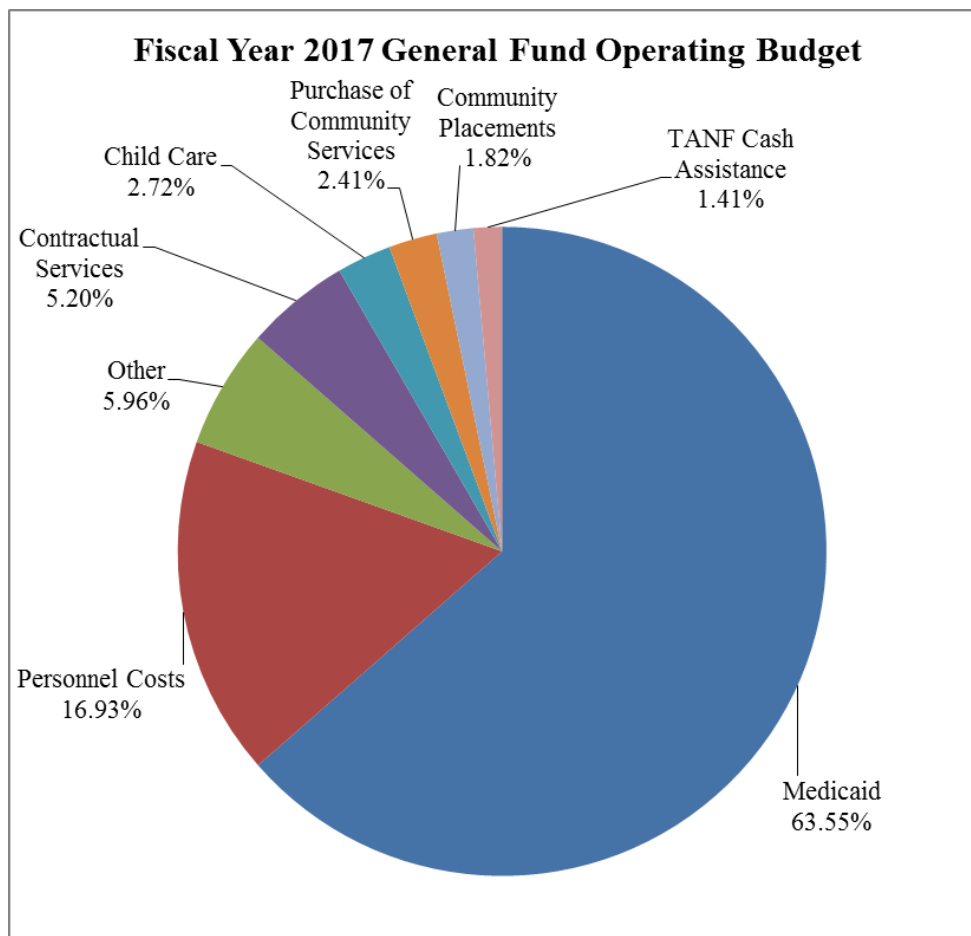


Primary Representation:

Secretary Walker	Molly Magarik, Deputy Secretary
Mary Parker, Acting Management Services	Jill Rogers, Developmental Disabilities Services
Karyl Rattay, MD, Public Health	Mary Peterson, Long Term Care Residents Protection
Ray Fitzgerald, Social Services	Steve Groff, Medicaid
Renee Beaman, State Service Centers	Michael Barbieri, Substance Abuse
Ted Mermigos, Child Support Services	Lisa Bond, Aging & Adults with Physical Disabilities
Elisha Jenkins, Visually Impaired	

Operating Budget Overview:



Statewide Strategic Questions:

1. What are the priority areas of services for your organization?

2. What are your performance targets and outcomes for each program?
3. What is the role of technology in process improvement or service improvement for the next 3-5 years?
4. Are there any issues brewing that may result in cost drivers over the next 5 years?

Base Budget Review Questions:

1. Discuss Vacant Positions (453.8 of 3,209.8 FTEs; 12.7 of 105.2 ASF FTEs; 61.0 of 834.1 NSF FTEs)
 - a. Specify the duration of the vacancy
 - b. Specify timeframe for filling any vacant positions
 - c. Justify the rationale why vacant position(s) can or cannot be eliminated and what level of funding is associated with them.
2. Discuss Filled Positions
 - a. For each division, what are the average hours per client per year?
 - b. Is there adequate funding for all filled positions? For example, do you have an annual surplus or deficit?
 - c. Discuss any anticipated changes to positions (new, deleted, and funding changes across all funds).
 - d. Overtime:
 1. If your department utilizes overtime, has an assessment been completed regarding any need for additional resources to minimize overtime utilization?
 2. Page 7, indicates that since 2009 the department has reduced overtime by \$2.7 million, how much is spent on overtime currently?
 3. What factors lead to the decreased utilization of overtime?
 - e. Temporary Employment Services (\$2,242.1) (pg. 8) – Has an assessment been completed related to the value of using temporary employment services verses the hiring of additional full time, casual seasonal staff or reallocating current resources more effectively?
 - f. For all the people served by the department that have direct contact and support from staff positions, is there ever a time when they have to work with representatives from multiple divisions? What is done in order to streamline this from occurring or to ensure that there is cross communication between those various points of contact?
3. Contractual Services
 - a. How many contractual employees do you have retained annually? What are their job functions? Have you completed a cost/benefit analysis regarding whether this is more efficient than employing additional staff?

b. Specify vendor name, length of contract, amount, purpose and any monitoring of performance measures or outcomes.

c. Of the \$17,308.1 listed as Non-Discretionary (pg. 19), please provide a detailed list of what these funds are used for, program measures for those services and associated outcomes.

4. Fleet Rental (pg. 8)

- a. How many vehicles are supported by the \$1,557.9 allocated to this category?
- b. How many, if any, are take home vehicles?

5. Other (\$6,731.4) (pg. 8)

- a. Of the \$437.3 attributed to consultants, what services are they providing?
- b. Of the \$1,030.5, what are these funds used to support?
- c. Who utilizes the training portion of this appropriation (\$382.8) and for what training?
- d. What are examples of the maintenance supported by the \$981.5 of this appropriation?

Administration (pgs. 8-16):

1. IRM License and Maintenance (pg. 8, 11, 16)

- a. Has there been an analysis of the comprehensive IT supports and needs of the department? It appears from this analysis there are various appropriations associated with license and maintenance costs and various other technology operations, as seen below, can these functions be consolidated or streamlined?
 - i. Claims Processing – \$1,934.4 (pg. 8)
 - ii. Technology Operations - \$6,305.8 (pg. 11)
 - iii. IRM License and Maintenance - \$64.0 (pg. 16)
 - iv. Computer Services - \$1,018.4 (pg. 8)
- b. What work has been done to assure that the department is maximizing its information technology resources?
- c. Computer Services - \$1,018.4 (pg. 8): How many electronic medical record systems is the department operating? What is the status of the each of these systems (operational, in upgrade, etc)? What other costs may be associated with supporting these systems department wide? Are there any pros or cons associated with any overlap of consolidation between joint systems? How many full-time, casual seasonal or contractual positions are being utilized to support these systems?
- d. Communications Devices/Systems - \$1,004.2 (pg. 8)
 - i. What systems are supported by this appropriation?
 - ii. What services are supported by DTI through this appropriation?
- e. Is there any of plan of centralization of IT functions and staff with the Department of Technology and Information?

2. Birth to Three Program (pg. 12)

- a. How much staffing and personnel costs are associated with this program?

- b. Since the program is growing, has additional staffing been allocated to support this program or are there staffing needs in this area?
 - c. What are the performance measures and outcomes?
 - d. Why is this program in Administration and not consolidated into a more appropriate division or do you feel this is the most appropriate division for this program?
- 3. EBT - \$436.8 (pg. 14)
 - a. What vendor is paid for these services? Does this service go out for RFP to ensure we are receiving the best rates? If so, how often?
- 4. Health Insurance Marketplace Operating funds
 - a. We understand that \$132.1 was requested by the department for in person assistance and support for a media and communications programs. What happens if this funding is not provided?
 - b. What happens to residents on the Marketplace, should the Federal government repeal the ACA? Do we know the potential financial impact to Medicaid?
- 5. Health Care Commission
 - a. What is the purpose of this group?
 - b. How much state funding are resources are spent on this group?
 - c. What are the performance measures and outcomes associated with this group?
- 6. Audit & Recovery Management Service (ARMS)
 - a. What is this purpose of this Unit? What level of funding and resources are associated with the Unit?
 - b. What are the outcomes associated with this program?
 - c. Is most of the staff time spent on auditing and reviewing or developing new methods to track and prevent?
- 7. Stand by Me Financial Empowerment program
 - a. What is this purpose of this unit? How much funding and resources are associated with the unit? What population is targeted for this program?
 - b. What are the outcomes associated with this program?
 - c. Since there are various community organizations that provide the same or similar services, what is done to ensure there is minimal overlap or duplication of efforts? (For example, funding also in DOE for Center for Economic Education \$203.3)
- 8. Process Quality Unit (established in FY 14)
 - a. What is the purpose of this unit?
 - b. What resources are involved with this unit?
 - c. What are the performance measures and outcomes associated with this unit?

Medicaid and Medical Assistance (pgs. 3-7):

- 1. What is the average cost per person enrolled in Medicaid? How has this increased or decreased in recent years?
- 2. Please provide an updated demographic breakdown of Medicaid enrollees.

- a. Of the non-disabled, non-working population, can we apply restrictions on these individuals? (For example, requirements to be a part of Employment and Training programs? Time limits for service?)
 - b. Other states have received CMS approval for copayments and premiums for certain income levels and incentives for certain healthy behaviors (for example Michigan and Indiana). What are the savings that could be achieved by adding these types of requirements in Delaware? Is there any research or thought to what improved health outcomes could result from such programs?
3. Can you please explain the recent rate increases for both Managed Care Organizations (MCOs)? Will these costs be absorbed in the base for Medicaid or will you need funding above the \$13m requested?
4. Do any of your contracts with the MCOs include any value based payment methods? If so, can you please provide an example and the intended benefit? How will the outcomes be measured?
5. What methods have been done to control the costs for transportation, health care services and pharmaceuticals?
6. What is the total state costs associated with the optional services provided? Even under the ACA, can these services be reduced or eliminated?
7. Audit and Fraud Recovery: Last year, you were required to work with an additional vendor (Health Integrity) to address this area. What amount has been identified as owed to the state as a result? How much has been recouped to date?
8. How many clients are enrolled in the Pathways to Employment program? What ages are enrolled? How long will a client remain enrolled? What is the average wage of a participant in the program? Where does the ASF revenue come from?
9. Promise: How many people are enrolled? What ages are enrolled? How long will a client remain enrolled? What is the average wage of a participant in the program? Where does the ASF revenue come from?
10. Health Information Technology/Data Analytics - \$1,121.3 (pg. 11)
 - a. How much has been spent on these systems?
 - b. How much has been saved through cost avoidance associated with these activities?
11. Disproportionate Share Hospital (\$3,901.4) (pg.13)
 - a. Since more people are insured than in prior years as a result of the ACA and the Medicaid expansion, has the demand for these funds decreased? If not, what are the reasons there are still demands for this assistance?
12. Chronic Renal Disease Program (pg. 14)
 - a. How many people are served by this program?
 - b. What are the performance measures and outcomes associated with this program?

- c. Has an assessment ever been completed on the services that would be most effective for the population served by this program?
- d. What are the qualifications to enroll in this program?
- e. Why is this program only established for this disease? Why not any other diseases?

Public Health (DPH) (pgs. 11-16):

1. Infant Mortality Task Force (pg. 11)
 - a. The reports submitted for FY 16 and FY 17 indicate very similar measures and work accomplished with these funds. What is the justification for the continuation of the same efforts since the inception of this allocation? What outcomes have been associated with this source of funding?
 - b. Please share how much of the funding is spent on direct services to clients vs. other efforts?
 - c. Can you directly connect any of the improvements to infant mortality in the state with this funding? If so, to which specific parts?
2. School Based Health Centers - \$3,947.6 (pg. 12)
 - a. How much additional would be required to cover all charter schools?
 - b. What is the difference between school nurses and school based health centers?
 - c. How do they measure utilization and capacity in school based health centers?
3. Nurse Family Partnership (pg. 14)
 - a. How is this separate than the work of the Birth to Three program and the Infant Mortality Task Force work?
 - b. How many clients are participating in the program?
 - c. What are the program outcomes?
4. Animal Welfare - \$923.0 (pg. 14)
 - a. Has any thought been given to raising any fees or costs to the Counties to fully fund this program (understanding that DE Code may need to be modified)? For what reasons, would this not be a valid option?
5. Cancer Council (pg. 15)
 - a. What is the \$331.1 allocated to this program used for? Staff? Supplies?
 - b. How often are recommendations updated?
 - c. What are the program performance measures and outcomes?
6. Uninsured Action Plan -\$234.1 (pg. 15-16)
 - a. What are these funds used for? Medical services? Staff?
 - b. With the ACA and increased rates in the insured population, what population does this program support?
 - c. If there has been a reduction in the population served, should there be an equal reduction in expenditures?
 - d. What are the program performance measures and outcomes?
 - e. How do people qualify for the program?
7. Needle Exchange Program (pg. 16)
 - a. What is the utilization of this program?

- b. Where is the program operating? No additional funds were added in FY 17, yet last year legislation was passed for the expansion of the program. Did the program expand and if so, by using what funding?
 - c. What are the outcomes associated with this program?
 - 8. Developmental Screening (pg. 16)
 - a. Is this funding associated with the other child development programs (for example Birth to Three)?
 - b. Are fees paid by the providers to use this tool?
 - c. What are the performance measures and outcomes associated with this screening?
 - 9. Preschool Diagnosis and Treatment (pg. 16)
 - a. Similar to the other questions, is this program related to other child assessment programs?
 - b. What is done to ensure there is no overlap in these programs?
- (Other appropriations related in ASF: Infant Mortality, Family Planning, Newborn, Child Development Watch)
10. Addiction Prevention programs
 - a. What programs are supported by the division? Are the programs used evidenced based? How often are the programs used assessed for meeting performance measures?
 - b. Is there coordination with Substance Abuse and Mental Health to ensure no duplication of effort, resources or staffing?
 - c. Are there any specific efforts used to target pregnant women?
11. Tobacco Taxation
 - a. The Governor's recommended budget contained an increase in the cig. Tax, do you agree with this approach? Are there other forms of tobacco products that could also be added to this tax?
12. Public Health Clinics
 - a. How many are there in Delaware and where are they?
 - b. How much staffing and resources are used to operate these clinics?
 - c. What services are provided at these clinics?
 - d. What population is served through these clinics? What is the utilization for the clinics?
13. Prevention of unplanned pregnancies
 - a. What efforts are used by the division or department to prevent unplanned pregnancies?
 - b. What funding and staffing is associated with these efforts?
 - c. Are there any cost savings associated with such efforts?
14. Prescription Drug Prevention- \$100.0 (pg. 16)
 - a. What activities are supported by this funding?
 - b. Please provide a breakdown of what these funds are directly used for?
 - c. Are the activities evidenced based?
 - d. What are the performance measures and outcomes associated with this funding?
15. Medical Marijuana - \$70.0 (pg. 16)
 - a. Can the rates be adjusted to cover the entire cost of the program?

b. What specifically is the \$70.0 expended on?

Substance Abuse and Mental Health (DSAMH) (pgs. 8-14):

1. How much is spent per person per year? What is the average number of people served per year by this division?
2. Are there any waitlists associated with any services provided by the division?
3. Housing Supports (pg. 8-11: see the next four questions):
 - a. How do clients become eligible for housing supports?
 - b. How much funding is being utilized to support housing?
 - c. How many people receive housing assistance funded through the division?
 - d. What is the maximum length of time housing supports are provided to an individual?
4. Rent Supplemental Payments (\$1,488.8) (pg. 8)
 - a. How much is the average supplement? How many clients do these funds support? What is the average length of time a client would receive this supplemental assistance?
5. Community Placements (\$21,600.9) (pg. 9):
 - a. What is the breakdown of how these funds are expended?
 - b. How many people are served by these funds?
 - c. Is there a Federal match for any of this funding?
 - d. What outcomes have been associated with the funding allocated to this category?
 - e. What monitoring is being done of community placements to ensure the safety of the client and the community?
 - f. How successful has the placements in the community been?
 - g. How are the outcomes of all these program measured? How often are the outcomes monitored?
 - h. What treatments have the best proven outcomes? Are people directed to the programs with the best outcomes?
6. CMH Group Homes - \$7,258.2 (pg. 11)
 - a. What contractors are used for this program?
 - b. How long can an individual stay in housing?
 - c. How many clients are served each year?
 - d. What happens when someone leaves a group home?
 - e. What tracking does the department perform to assess the outcomes associated with this funding?
7. Community Housing Supports – \$1,975.0 (pg. 14)
 - a. How many people receive support through this program?
 - b. Is there any overlap in support for a single client between this housing program and any of the others supported by state funding?
 - c. How long can a client receive these supports?
 - d. How much support does a client receive from this program?
 - e. What are the outcomes associated with providing this support?

8. Delaware Psychiatric Center (DPC):
 - a. How many clients were treated at the facility for FY 16 and est. for FY 17?
 - b. What are the overtime costs associated with this hospital? What has been done to address these issues?
 - c. What other programs are not offered in this facility?
 - d. What is the current population at DPC?
 - e. What other services are now provided at DPC?
 - f. What are the standards to be released from DPC? Have those standards been modified as a result of the U.S. DOJ settlement?
9. What are the outcomes associated with the Substance Use Disorder Services (\$5,400.0) appropriation (pg. 11)?
 - a. How are these funds expended?
 - b. Is there a Federal match for any of the services provided?
 - c. How many people are served by these funds?
 - d. What are the performance measures and outcomes associated with this funding?
10. DPC Industries (2.0 FTEs pg. 61)
 - a. How many people work in this program? What type of work do they accomplish?
 - b. What is their average rate of pay?
 - c. This program was recommended to be closed in the GRB. What is the status of this change?
11. What interventions and services are promoted and provided to pregnant women?
 - a. Are there programs in place to encourage and offer birth control methods to substance exposed women?
 - b. Do we have any specific housing dedicated to support substance exposed women who are pregnant?
 - c. How much would a house dedicated to support this population cost?

Visually Impaired:

1. What is current ratio required for teachers vs. students?
2. How many full-time vs. contractual teachers does the division employ?
3. How come only 8.8 of 23.8 Teacher Special Education positions are filled? (pg. 76)
4. Does this staffing ratio meet the required standard?
5. Delaware Industries for the Blind
 - a. What is the status of this program?

Child Support Services:

1. How much revenue in collections received in Fiscal Year 2016 and estimated for Fiscal Year 2017?

2. With a decrease in unemployment, have there been an increase in child care payments and a decrease in the amount in arrears?
3. Are there any methods of getting payments that the division is aware of but is not utilizing at this time?
4. Paternity establishment - the department has requested funds to assist with the fatherhood program (\$50.0). What will the impact be if this is not funded?

Social Services (pgs. 8-13):

1. Child Care - \$32,190.0 (pg. 8)
 - a. What is the federal match for this program?
 - b. The average cost per child was \$4,420 (all funds), what are the other sources of funds?
 - c. What information is collected to confirm that the caregiver is holding a job or in a training program?
 - d. When is the last time there has been a reassessment of the child care rates? Is the state reimbursing in line with these rates?
 - e. For those that are in employment training or looking for employment, what is done by the division to ensure they are doing so? How many hours of support would they receive if doing these activities? Do we check all clients or only randomly spot check?
2. TANF Cash Assistance - \$16,730.0 (pg. 10)
 - a. What is the federal match for this program?
 - b. What methods are used to track that a recipient is either working or participating in a work related program?
 - c. For those that are in employment training or looking for employment, what is done by the division to ensure they are doing so? How many hours of support would they receive if doing these activities? Do we check all clients or only randomly spot check?
 - d. Can the amount given per family be modified? For example, for each additional child after two, could the amount given be decreased?
 - e. Instead of cash assistance, could this program be modified to provide gift cards for specific items (groceries, good will, drug stores, shelter?)
 - f. What is the likely rate of someone returning to TANF after their 36 months have expired? Are there any restrictions on when the can return after their initial 36 month period?
 - g. Would there be any cost savings for the program to change the maximum length of time from 36 months to 24 or 12 months?
3. General Assistance - \$5,289.7 (pg. 11)
 - a. Instead of cash assistance, could this program be modified to provide gift cards for specific items (groceries, good will, drug stores, shelter?)
4. Employment and Training – \$2,419.7 (pg. 13)

- a. How exactly are these funds expended?
- b. What are the outcomes associated with this funding?
- c. How many clients are served each year?

Developmental Disabilities Services (pg. 9):

1. How many clients are served by the division? What is the average amount (by fund type) spent per person per year?
2. What is the current census at Stockley?
3. What is the status of the Lifespan Waiver?
 - a. How much funding and positions are necessary to fully support this program? How much is in the base and how much needs to be added to adequately support the Waiver?
 - b. How many people will be served by this program? How many additional people will be served beyond the current waiver?
 - c. Is there a maximum amount allocated per person? If so, how is this amount determined?
 - d. What services and supports are included as part of this program?
 - e. What services and supports will be provided by state staff vs. vendors? How was this ratio determined to be appropriate?
 - f. If you don't receive any additional funding or positions, will you still begin this waiver (pending CMS approval) on July 1, 2017?
4. What is the status of everyone on the Home and Community Based Services waiver having a person centered plan? Is there any portion of the population served that should also have a person centered plan that does not?
5. Can you please provide some context as to how the estimate is developed for Special School Graduates and Community Placements? The Fiscal Year 2017 Special School Graduate placement funding supported 140 clients, but the Fiscal Year 2018 estimated only requests to fund 130 clients?
6. What is the status of the CMS Transition plan? How many locations were deemed to need modifications to meet the new CMS standards? Has an assessment been completed on the cost of those modifications to facilities or programming?
7. What is the path forward for setting out these expectations with providers to ensure that CMS standards are being met and there aren't service reductions? (tied to the DSP (ICAP) rates)
8. Have there been any changes or improvement in the area of Quality Assurance by the division? Have there been any changes in terms of developing performance measures and measurement of providers? (taskforce done two years ago)
9. How much funding is needed to adequately fund the DSP rates (commonly referred to as the ICAP rates)?

10. Our understanding is that there are issues regarding the funding provided for transportation (door to door (Para-transit), programmatic transportation (individual providers), and payment for DART tickets). Can you please explain the path forward in assessing the availability of adequate funding for transportation? (related to epilogue language)

State Service Centers (pg. 14):

1. In the past there have been delays in responsiveness and wait times at the various service centers, can we have an update on the staffing and resources?
2. In what way could technology be utilized to maximize efficiencies in operations at state services centers in assisting clients?
3. Family Support -\$398.0 (pg. 14)
 - a. Are there any fees associated with this program (even if income based)? If not, why not?
4. Community Food Program - \$433.7 (pg. 14)
 - d. How many people receive assistance as a result of the \$433.7?
 - e. How many state positions (full-time, c/s or temporary) are used to support this program?
 - f. Are there other services provided by Casa San Francisco (such as training cooks)? If so, how are we ensuring how the state funds are being utilized?
5. AmeriCorps
 - a. What are the base funds utilized for?
 - b. What are the outcomes associated with this program?
6. Volunteer 50+ program
 - a. How much funding and staff resources are associated with this program?
 - b. What services are provided?
 - c. What are the performance measures and outcomes associated with this program?
 - d. If there are community organizations that also provide similar services, what coordination has been done to ensure there is minimal overlap of services? What work has been done to ensure that both the state and community partners are maximizing resources?
7. State Services Centers and Social Services
 - a. Can you please explain why these divisions should remain separate entities?
 - b. Would it be worthwhile to consider any consolidation of the two units to create some administrative efficiencies?

Aging and Adults with Physical Disabilities (pg. 14):

1. How many clients are served by the division annually? How much is spent per person per year?
2. Nutrition Program- \$789.9 (pg. 14)
 - a. What community organizations provide this service?

- b. Do you contract out with these organizations?
 - c. What are the outcomes associated with this program?
 - d. Are there any state positions (full-time, c/s or temporary) associated with this program?
 - e. Is the population served by this program different than the population served by Senior Centers?
- 3. Aging and Disability Resource Center
 - a. What funding and personnel resources support this program?
 - b. What are the outcomes associated with this program?
- 4. What other community services (respite? Home modifications, day services, personal care, etc.) are supported by state GF dollars that have not been included in the base budget review? For each, please share the costs, utilization and waiting lists?
- 5. Money Management Program
 - a. What is this program? How many people were served by this program annually? How much in total resources are used for this program (by fund type)? What are the outcomes associated with this program?

Appropriated Special Funds (ASF) (pgs. 21-33):

- 1. For the following appropriations, please help explain the intended use of anticipated surplus funds:
 - a. Facilities Management: (pg. 25)
 - Operations- with expenditures of only 96.8 and revenues of \$1,176.0, what are the additional revenues expended on?
 - b. Public Health, Community Health (pg. 26)
 - Indirect Costs – How do you use the additional revenues received greater than the associated expenditures?
 - c. DDDS, Community Services (pg. 31)
 - Purchase of Community Services
 - Please describe how funds are accumulated? How much revenue is estimated for FY 17 and FY 18?
 - How have these funds been used in the past?
 - Are there restrictions on how these funds can be spent?
 - What is your intended use of the surplus? Over what period of time did the surplus accrue?
- 2. Alternatively, how do you cover the expenditures for the accounts that do not generate sufficient revenues?
 - a. Office of the Secretary: (pg. 24)
 - Indirect Costs – how are these covered with nothing in revenue?

Personnel Related Questions (pgs.40-136) : please see Base Budget Review document for reference.

- A. What is the industry standard of Human Resources staff to entire department staff?

B. For the positions listed below, can you please clarify their roles in relation to the essential functions of the department? Also, can you assess whether positions are mandated by state or federal statute?

1. Administration (pg. 40 - 49)

- Administrative Librarian (pg. 40) – recently added additional Librarians as well
- Collection Enforcement Officer (pg. 41)
- Conservation Technician III (pg. 41)
- Family Service Specialists (pg. 44)
- Human Resources (pg. 44-45): is the ratio of HR positions to entire staff within industry standards?
- Investigators (pg. 45) and Ombudsman (pg. 46): what is the difference between what they do? How are these different than the ones in Long Term Care Residents Protection (pg. 79)
- 3.0 Medical Administrative Research and Training (pg. 46) (purpose, performance measures and outcomes for all)
- 9.0 Program Compliance Specialists and Supervisors (pg. 47)
- 2.0 Public Health Administrators (pg. 47): Why are they not in Public Health?
- 29.0 Security Positions (pg. 48): ratio of staff to supervisors?

2. Medicaid and Medical Assistance (pg. 50 – 53)

- 5.1 Health Care Cost Containment Specialists

3. Public Health (pg. 53 – 60)

- 81.0 Health Program (pg. 56)

4. Substance Abuse and Mental Health (pg. 61 – 71)

- 23.0 Psychiatrist (pg. 62): Where do they work? If in DPC has the demand changed with less population?
- 26.0 Cooks: If in DPC has the demand changed with less population?
- 2.0 Sheltered Workshop: Workshop is recommended to be closed in GRB, what is the status and plan?
- 2.0 Hab./Rehab Specialists: Description says works with developmentally disabled, is this accurate for DSAMH? How many people do they work with?
- 67.1 Psychiatric Social Workers: Where do they work? How many clients per worker? Is this appropriate staffing levels? Any contractors providing the same services?
- 1.0 Quality Assurance Administrator (pg. 68)
- 2.0 vacant Risk Management Safety Officers (pg. 68)
- 11.0 Supply Storage and Distribution (pg. 69)
- Voc Rehab positions: Overlap or coordination with DOL? (pg. 70)
- Work Program Assistant (pg. 71)

5. Long Term Care Residents Protection (pg. 79-81)

- 7.0 Investigators (pg. 79) – How are these different than ones in Administration?
- 1.0 Ombudsman (pg. 79) – Since this position is vacant, what funding is associated with it and could it be eliminated?

6. Developmental Disabilities Services (pg. 85-92)

- 24.1 Administrative Specialists (pg. 85) What are the performance measures? What are the average caseloads? Are they in line with industry standards? What services do they provide to clients?
- Overall positions at Stockley- with a decreased census what has the history been to address the levels of staffing necessary (for example, nurses, directors, cooks)?
- 2.0 Habilitation Services (pg. 88)- Please clarify their job function, number of clients serviced, and outcomes associated with their work?
- 13.0 Developmental Disability Program Evaluators (pg. 88) - Please clarify their job function, number of clients serviced, and outcomes associated with their work?
- Sheltered Workshop and Residential Unit Managers and Center Director (pg. 89) and 5.0 Work Program Assistants (pg. 92) – They all have the same description, can you please clarify their job functions and outcomes. Also, what is the status of the sheltered workshop program?
- 9.0 Operations Support Specialists (pg. 90) - Please clarify their job function, number of clients serviced, and outcomes associated with their work?
- 6.0 Supply, Storage and Distribution positions (pg. 92) - Please clarify their job function, number of clients serviced, and outcomes associated with their work?

7. State Service Centers (pg. 93 – 95)

- 5.0 Foster Grandparent Program (pg. 93) - Please clarify their job function, number of clients serviced, and outcomes associated with their work? How many volunteers per position? What is the benefit to the state? What coordination is done with community partners that provide the same or similar services?

8. Aging and Adults with Physical Disabilities (pg. 96 – 101)

- Overall positions - with a decreased census what has the history been to address the levels of staffing necessary (for example, nurses, directors, cooks)?

C. Below are positions that may be duplicated with other departments or divisions, can you please explain the rationale for these positions:

1. Administrative Positions with same description: For all the positions listed below with the same or similar description, please justify the purpose and outcomes associated with them:

- 31.0 in Administration (pg. 40)
- 7.0 in Medicaid (pg. 50)
- 78.0 in Public Health (pg. 54)

- 25.0 in Substance Abuse and Mental Health (pg. 61)
- 15.0 in Social Services (pg. 71)
- 8.0 in Visually Impaired (pg. 74)
- 19.0 in Child Support Services (pg. 82)
- 27.0 in Aging and Adults with Physical Disabilities (pg. 96)

2. **Community Relations/Communication Positions:** for the below positions, please justify the purpose and outcomes associated with them. Also, please confirm their relation to the Deputy Principal Assistant (pg 42) identified as Director of Communications.

- 2.0 in Administration (pg. 41, 42)
- 3.0 in Public Health (pg. 54)
- 1.0 (vacant) in Substance Abuse and Mental Health (pg. 63)
- 1.0 in Child Support Services (pg. 83)

3. Below are positions identified with policy associated roles (specifically **Deputy Principal Assistants**), please justify the purpose of various positions listed below and their associated outcomes.

- 4.0 in Administration (pg. 42) – Please describe the purpose and outcome associated with each one?
- 1.0 in Public Health (pg. 53)
- 1.0 in Visually Impaired (pg. 68)
- 1.0 in Long Term Care Residents Protection (pg. 71)
- 1.0 in Developmental Disabilities (pg. 77)
- 1.0 in Aging and Adults with Physical Disabilities (pg. 85)

4. Below is a list of all **Management Analyst** positions throughout the department with the same or similar descriptions, please justify the purpose and outcomes associated with them:

- 9.0 in Administration (pg. 45)
- 11.1 in Medicaid (pg. 51)
- 31.0 in Public Health (pg. 57)
- 10.0 in Substance Abuse and Mental Health (pg. 67)
- 3.0 in Social Services (pg. 72)
- 8.0 in Long Term Care Residents Protection (pg. 77)
- 6.0 in Developmental Disabilities (pg. 90)
- 2.0 in State Service Centers (pg. 94)
- 5.0 in Aging and Adults with Physical Disabilities (pg. 98)

5. **Social Service Administrators/Case Managers** – Do clients have more than one case worker? What is the coordination of the work these positions do between divisions if working with the same client(s)? What is the average case load per worker? What are the industry standards?

- 17.0 in Administration (pg. 48)

- 75.2 in Medicaid (pg. 53)
- 62.5 in Public Health (pg. 59)
- 33.0 in Substance Abuse and Mental Health (pg. 69)
- 320.1 in Social Services (pg. 73)
- 49.1 in Developmental Disabilities (pg. 90)
- 8.0 in Developmental Disabilities (pg. 91)
- 62.0 in State Service Centers (pg. 95)

6. Trainer/Educators: For all the positions listed below with the same or similar description, please justify the purpose and outcomes associated with them:

- 8.0 in Administration (pg. 49)
- 1.0 Filled (1.0 Vacant) in Medicaid (pg. 52)
- 20.0 in Public Health (pg. 60)
- 4.0 in Substance Abuse and Mental Health (pg. 70)
- 4.0 in Social Services (pg. 73)
- 7.0 in Visually Impaired (pg. 76)
- 1.0 in Long Term Care Residents Protection (pg. 81)
- 2.0 in Child Support Services (pg. 84)
- 4.0 in Developmental Disabilities (pg. 92)
- 7.1 in Aging and Adults with Physical Disabilities (pg. 101)

7. Volunteer Services Coordinators: For all the positions listed below with the same or similar description, please justify the purpose and outcomes associated with them:

- 1.0 in Administration (pg. 49)
- 1.0 in Visually Impaired (pg. 77)
- 1.0 in Developmental Disabilities (pg. 92)
- 9.0 in State Service Centers (pg. 95)
- 1.0 in Aging and Adults with Physical Disabilities (pg. 101)

8. Chaplain: For all the positions listed below with the same or similar description, please justify the purpose and outcomes associated with them:

- 1.0 in Substance Abuse and Mental Health (pg. 62)
- 1.0 in Aging and Adults with Physical Disabilities (pg. 97)
- Department of Corrections

9. Seamstress: For all the positions listed below with the same or similar description, please justify the purpose and outcomes associated with them:

- 1.0 in Substance Abuse and Mental Health (pg. 68)
- 1.0 in Developmental Disabilities (pg. 91)
- 2.0 in Aging and Adults with Physical Disabilities (pg. 100)